

# QUALIFICATION IN LABORATORY SAFETY WORK EXPERIENCE DOCUMENTATION FORM

## PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

Last Four Digits of Applicant's Social Security #

Address

Email Address

Daytime Telephone Number

## PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* IN ORDER TO BE ACCEPTABLE)

### SUBJECT: VERIFICATION OF WORK EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Qualification in Laboratory Safety examination. In order to establish this applicant's eligibility for qualification, the following information is necessary:

#### 1. PLEASE COMPLETE: EMPLOYMENT (INCLUDING ON-THE-JOB TRAINING)

Date laboratory safety responsibility **started** : Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date laboratory safety responsibility **ended** : Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

- 2. DIRECTIONS:** Please review the experience of this applicant and place an **X** next to the areas for which the applicant is responsible or participates in. Direct performance, training, and/or management/supervision of Laboratory Safety procedures are acceptable in meeting the experience requirements. NOTE: experience is required in at least **4** of the 7 areas listed below:

_____ Biohazard Control (e.g., bloodborne pathogens, infection control)	_____ Physical Environment (e.g., electrical, equipment, spills, waste management, emergency preparedness, shipping)
_____ Chemical Safety	_____ Safety Management (e.g., risk assessment, monitoring, safety committee)
_____ Ergonomics	_____ Training and Education
_____ Fire Safety	

- 3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE LABORATORY SAFETY AREAS CHECKED ON THIS FORM.**

(Please Print) Immediate Supervisor or Laboratory Management\* Name & Credential(s)

Title

Immediate Supervisor or Laboratory Management\* Signature

Date

Telephone Number

Email Address

Institution

City, State

Zip Code

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\*.**

*\*Management is defined as someone in a management role who can verify technical experience.*